City of Burbank Parks & Recreation Department

SUMMER DAZE DAYCAMP 2016 REGISTRATION FORM

Please Print

First Name Mil Last Name Gender Birthidate Grade YS YM YL YXL AS AM AL AXL ADULT PAYEE INFORMATION Mil Last Name Home Phone C Procest and Carrier required for least necessaging E-Mail Address Gity Zip Cell Phone and Carrier required for least necessaging E-Mail Address Parent's Name: Parent's Name: Parent's Name: Parent's Name: Procest EMERGENCY CONTACT (other than parents): Parent's Name: Procest Procest EMERGENCY CONTACT (other than parents): Procest Procest EMERGENCY CONTACT (other than parents): Procest Procest EMERGENCY CONTACT (other than parents): Procest Procest Procest EMERGENCY CONTACT (other than parents): Procest Procest	PARTICIPANT INFORMATI	ON														
ADULT PAYEE INFORMATION Mile Last Name Home Phone Home Phone Home Address City Zip Call Phone and Carrier required for text consessing of () Parent's Name: Birthdate Birthda			Last Nam	е	Gender Birthdate Gra		Grad	e		T-shirt size:			Circle One			
Home Phone Home Phone Home Phone Home Phone Home Phone Home Address City Zip Cell Phone and Carrier inequated for text messaging) Home Address Gender Birthdate									YS	YM	YL	YXL	AS .	AM AL	AXL	
Home Address City Zip Cell Phone and Carrier recovered for feat consequency Gender Brithdate EMERGENCY CONTACT INFORMATION Parent's Name: Day Phone: Cell Phone: Cell Phone: Day Phone: Cell Phone: Cell Phone: Cell Phone: Cell Phone: Phone: EMERGENCY CONTACT (other than parents): Name: Phone: Phone: Phone: Phone: Phone: Relationship: Phone Number: Relationship: Name: Phone Number: Relationship: Name: Phone Number: Relationship: Name: Phone Number: Relationship: Relationship: Relationship: Name: Phone Number: Relationship: Relationship: Relationship: Name: Phone Number: Relationship: Relationship: Name: Phone Number: Relationship: Relationship: Sepecial Health Considerations or special Needs in Formation that will help staff effectively supervise your child. Known allergies, physical limitations, etc.: Current Medications:	ADULT PAYEE INFORMAT	ION														
EMERGENCY CONTACT INFORMATION Parent's Name: Day Phone: Cell Phone: EMERGENCY CONTACT (other than parents): Name: PLEASE ASSESS YOUR CHILD'S SWIM ABILITIES. (circle one) non-swimmer weak swimmer strong swimmer PICK-UP AUTHORIZATIONS 1 authorize only the following person(s) to pick up my child (other than parents and emergency contact). Name: Phone Number: Relationship: Name: Phone Number: Relationship: Name: Phone Number: Relationship: Name: Phone Number: Relationship: Selection Ship: Relationship: Name: Phone Number: Relationship: Name: Phone Number: Relationship: Selection Ship: Name: Phone Number: Relationship: Current Medications:	First Name	MI	Last Nam	е												
EMERGENCY CONTACT INFORMATION Parent's Name: Day Phone: Cell Phone: EMERGENCY CONTACT (other than parents): Name: Please ASSESS YOUR CHILD'S SWIM ABILITIES. (circle one) non-swimmer weak swimmer strong swimmer PICK-UP AUTHORIZATIONS I authorize only the following person(s) to pick up my child (other than parents and emergency contact). Name: Phone Number: Relationship: Name: Phone Number: Relationship: Name: Phone Number: Relationship: Name: Phone Number: Relationship: SPECIAL HEALTH CONSIDERATIONS OR SPECIAL NEEDS INFORMATION – Please note any information that will help staff effectively supervise your child. Known allergies, physical limitations, etc.:	Home Address			City			Zip	Cell Phone and Carrier (required for text messaging) ()								
Parents Name: Day Phone: Cell Phone: Cell Phone: Cell Phone: Cell Phone: Cell Phone: Phone: Phone: Phone: Cell Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone Number: Relationship: Name: Phone Number: Relationship: Special Heal The Considerations or special Needs in Formation that will help staff effectively supervise your child. Known allergies, physical limitations, etc.: Current Medications:	E-Mail Address							Gender	Gender Birthdate							
Parents Name: Day Phone: Cell Phone: Cell Phone: Cell Phone: Cell Phone: Cell Phone: Cell Phone: Phone Number: Relationship: Name: Phone Number: Relationship: Special Leal The Considerations or special Needs in Formation that will help staff effectively supervise your child. Known allergies, physical limitations, etc.: Current Medications:	EMERGENCY CONTACT IN	IFOR	MATION													
Cell Phone: Cell Phone: Cell Phone:					Parent's Name:											
EMERGENCY CONTACT (other than parents): Phone: Relationship:	Day Phone:				Day Phone:											
PLEASE ASSESS YOUR CHILD'S SWIM ABILITIES. (circle one) non-swimmer weak swimmer strong swimmer PICK-UP AUTHORIZATIONS I authorize only the following person(s) to pick up my child (other than parents and emergency contact). Name: Phone Number: Relationship: Name: Phone Number: Relationship: Re	Cell Phone:				Cell Phone:											
PLEASE ASSESS YOUR CHILD'S SWIM ABILITIES. (circle one) non-swimmer weak swimmer strong swimmer PICK-UP AUTHORIZATIONS I authorize only the following person(s) to pick up my child (other than parents and emergency contact). Name: Phone Number: Relationship: Name: Phone Number: Relationship: Re	EMERGENCY CONTACT (d	ther	than par	ents):												
PICK-UP AUTHORIZATIONS I authorize only the following person(s) to pick up my child (other than parents and emergency contact). Name: Phone Number: Relationship: SPECIAL HEALTH CONSIDERATIONS OR SPECIAL NEEDS INFORMATION — Please note any information that will help staff effectively supervise your child. Known allergies, physical limitations, etc.:					Phone:				Relati	Relationship:						
Authorize only the following person(s) to pick up my child (other than parents and emergency contact). Name: Phone Number: Relationship:	PLEASE ASSESS YOUR CHILD'S SWIM ABILITIES. (circle					rcle one)	non-swi	-swimmer weak swimmer			r	strong swimmer				
Name: Phone Number: Relationship: Name: Phone Number: Relationship: Name: Phone Number: Relationship: SPECIAL HEALTH CONSIDERATIONS OR SPECIAL NEEDS INFORMATION – Please note any information that will help staff effectively supervise your child. Known allergies, physical limitations, etc.: Current Medications:	I authorize only the follow	/ing p	,		-	-	•	•				•		•		
Name: Phone Number: Relationship: Name: Phone Number: Relationship: SPECIAL HEALTH CONSIDERATIONS OR SPECIAL NEEDS INFORMATION – Please note any information that will help staff effectively supervise your child. Known allergies, physical limitations, etc.:	lame: Pl				hone Number:				[Relationship:						
Name: Phone Number: Relationship: SPECIAL HEALTH CONSIDERATIONS OR SPECIAL NEEDS INFORMATION – Please note any information that will help staff effectively supervise your child. Known allergies, physical limitations, etc.: Current Medications:	Name: P				hone Number:					Relationship:						
SPECIAL HEALTH CONSIDERATIONS OR SPECIAL NEEDS INFORMATION – Please note any information that will help staff effectively supervise your child. Known allergies, physical limitations, etc.: Current Medications:	Name: P				hone Number:					Relationship:						
SPECIAL HEALTH CONSIDERATIONS OR SPECIAL NEEDS INFORMATION – Please note any information that will help staff effectively supervise your child. Known allergies, physical limitations, etc.: Current Medications:	Name: P				hone Number:				Relationship:							
*Medications cannot be administered in camp without a completed Medication Release Form on file from doctor.	SPECIAL HEALTH CONSI staff effectively supervise y	DER our c	ATIONS hild.	OR S	PECIAL	NEEDS	INFORMA	<u>ATION</u>	<u> </u>	se no	te any	infor	matio	n that v		
	*Medications cannot be a	dmin	istered	in can	np witho	ut a con	npleted M	edica	tion Re	lease	Forr	n on	file fr	om do	ctor.	

PARENT AND MEDICALEMERGENCY TREATMENT CONSENT

PARENT CONSENT: I give permission for my child to participate in the City of Burbank Parks and Recreation day camp program, including trips by van or bus. I agree to hold harmless the City of Burbank, it's employees, officials and agents from and against any and all liability claims, demands, losses, and/or actions from injury to and/or death of persons and/or damage to property as a result of participation in day camp.

I grant the City of Burbank permission to use my or my child(ren)'s photographs and images for the purpose of publicizing and marketing City activities. I understand that no compensation shall be given for use of these photographs and that these images shall become the sole property of the City of Burbank

Signature of Parent / Guardiar	1:	Date:	
and all medical procedures deel physician, surgeon, or accredite medicines (except as noted bel	med necessary as a result of accided emergency unit to give medications), and to perform such surgical	guardian, I hereby consent to treat my minor child for an dent or injury or illness. Consent is given for any license al attention, and to administer such treatment, drugs an procedures as he/she shall think the existing emergence dical insurance and that I am responsible for payment of	ed id cy
Signature of Parent / Guardiar	1:	Date:	
			• •
	FOR OFFICE U	SE ONLY	
Lottery #			
Age & Grade Verified Birth Certificate/ School Record	(staff initial)		
Residency Verified Electric/ Gas/Phone/ Other	(staff initial)		
Received Parent Release	(staff initial)		
Entered on ETrak	_ (staff initial)		
Entered on Email List	(staff initial)		